

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Steve Olson for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: 1(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Steve Olson

Political Party (if applicable)

Republican

Office Sought

District (if Senate or House)

State Representative

83

**FORM
DR-2**

(Rev. 07/2004)

**DISCLOSURE
REPORT****For Office Use Only**Comm. # 1387

Logged In

Scanned ☒

Computer

Audited

Late reports are subject to
possible civil and criminal
penalties.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # ☐☒ CHECK IF AMENDMENT TO REPORT DATED January 19, 2005☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 3568.56

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 250.00

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 3,818.56

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 450.45

Schedule F: Loan Repayments total (Attach Schedule F)..... 0

CASH ON HAND at the end of this reporting period (If final report balance must
be zero) (Attach DR-3).....

\$ 3,368.11

****UNPAID BILLS** (From Schedule D - Attach Schedule D)..... \$ 0****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 2,785.32****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)..... \$ 0**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☒ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$ 0

Reset Form

A

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF AMENDING FORM

Steve Olson for State Representative

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Steve Olson for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/18/04	ID# CK# 1047	Steffens Tap Calamus, IA 52729	Victory Party	\$ 450.45
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 450.45
TOTAL (If last page of this schedule)				\$ 450.45

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Steve Olson for State Representative

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE - (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/27/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Printing	\$ 1,500.00	<input type="checkbox"/>
10/27/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Postage	950.00	<input type="checkbox"/>
11/02/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		GOTV Calls	10.27	<input type="checkbox"/>
11/11/04	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Radio/TV AD	150.00	<input type="checkbox"/>
10/30/04	Clinton County Republican Women's Club Clinton, IA 52732		Newspaper Ad	175.05	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 2,785.32	
TOTAL (if last page of this schedule)				\$ 2,785.32	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1387
Logged In	3W
Scanned	
Computer	
Audited	

COMMITTEE NAME (Must be same as on Statement of Organization)

Steve Olson for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for: 1
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other
Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political
Subdivision PAC (11) Local Board or Other Political Subdivision

CANDIDATE COMMITTEES ONLY

Candidate Name

Steve Olson

Office Sought

State Representative

Political Party (if applicable)

Republican

District (if Senate or House)

33

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A January 19, 2005 REPORT FOR (1) **ELECTION** / (2) **NON-ELECTION YEAR**.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 3,568.56

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 250.00

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 3,818.56

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 450.45

Schedule F: Loan Repayments total (Attach Schedule F) 0

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)

\$ 3,368.11

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ 0

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 2,610.27

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ 0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF AMENDING FORM

Steve Olson for State Representative

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK# 507	Smithfield Foods Inc., PAC 499 Park Avenue, 5th Floor New York, NY 10022		\$200.00	<input type="checkbox"/>
	ID# CK#	Unitemized Contributions		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 250.00	
TOTAL (if last page of this schedule)				\$ 250.00	

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Page 1 of 1
(for Schedule A)

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EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Steve Olson for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/18/04	ID# CK# 1047	Steffens Tap Calamus, IA 52729	Victory Party	\$ 450.45
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 450.45
TOTAL (If last page of this schedule)				\$ 450.45

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Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Steve Olson for State Representative

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/27/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		Printing	\$ 1,500.00	<input type="checkbox"/>
10/27/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		Postage	950.00	<input type="checkbox"/>
11/02/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		GOTV Calls	10.27	<input type="checkbox"/>
11/11/04	Republican Party of Iowa 621 East 9th DesMoines, IA 50309		Radio/TV Ad	150.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 2,610.27	
TOTAL (If last page of this schedule)				\$ 2,610.27	

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Page 1 of 1
(for Schedule E)